

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

For Official Use

**ADA Accommodation Request**

Case No. (if any) \_\_\_\_\_

1.

Name of Person Requesting Accommodation		Address
Telephone/TTY Number	Date Request Submitted	

2. The person who needs the accommodation is a:

- ☐ party    ☐ witness    ☐ juror    ☐ attorney  
☐ other: \_\_\_\_\_

3. The accommodation will be needed:

- ☐ on (date) \_\_\_\_\_ at (time) \_\_\_\_\_ ☐ a.m. ☐ p.m.  
☐ for all proceedings related to this case.

4. The accommodation needed is:

- ☐ Wheelchair space  
☐ American Sign Language (ASL) interpreter(s): \_\_\_\_\_  
☐ Other sign language interpreter(s) (specify): \_\_\_\_\_  
☐ Oral interpreter  
☐ Realtime (videotext) translation  
☐ Assistive listening device  
☐ Large print/enlarged materials  
☐ Breaks for medical reasons (state reason/frequency): \_\_\_\_\_  
☐ Other (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Complete the following, if different from number 1 above.)

5. Name of person completing this request: \_\_\_\_\_

Telephone/TTY Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**APPROVAL**

- ☐ This accommodation request is approved.  
☐ This accommodation request is denied because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BY:

\_\_\_\_\_  
Court Official/ADA Coordinator

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date

Distribution:

1. Judge  
2. Clerk of Court  
3. Counsel/party  
4. Other: